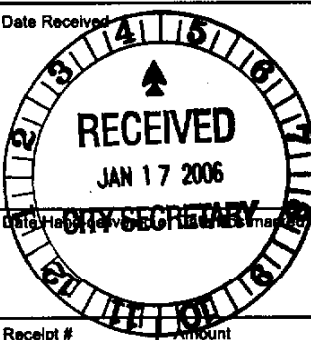


**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000004	2 PAGE # 1 of 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Mark NICKNAME LAST SUFFIX Lee		OFFICE USE ONLY Date Received  Date Received Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6524 San Felipe, PMB 124 Houston, TX 77057		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Alan NICKNAME LAST SUFFIX Guttman		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway, Ste. 110 Houston, TX 77063		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/30/2005 12/31/2005		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ... Name Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Lee, Mark (Mr.)

16 ACCOUNT # (Ethics Commission filers)
00000004

17 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 130.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,746.99

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 8.13

4. TOTAL POLITICAL EXPENDITURES

\$ 22,676.30

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

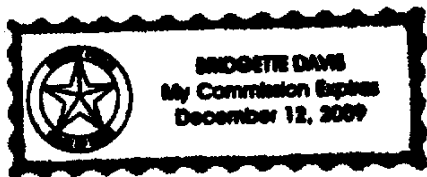
\$ 11,752.08

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mark Lee

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mark Lee, this the 17th day of JANUARY, 2006, to certify which, witness my hand and seal of office.

Bridgette Davis

Signature of officer administering oath

Bridgette Davis

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/11	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 11/01/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brown, Heather 6 Contributor address; City; State; Zip Code _____ Houston, TX 770985309	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chong, Hugh Contributor address; City; State; Zip Code _____ Houston, TX 770683818	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cogburn, Marilyn Contributor address; City; State; Zip Code _____ Houston, TX 770562522	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ford, Glen Contributor address; City; State; Zip Code _____ Fresno, TX 77454	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. Mike Contributor address; City; State; Zip Code _____ Houston, TX 77061	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/4 Report: 4/11	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date 11/02/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. Mike 6 Contributor address; City; State; Zip Code _____ Houston, TX 77061	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/07/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. Mike Contributor address; City; State; Zip Code _____ Houston, TX 77061	Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/30/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. Mike Contributor address; City; State; Zip Code _____ Houston, TX 77061	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/10/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Garver, C. Mike Contributor address; City; State; Zip Code _____ Houston, TX 77061	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gee, Thomas Contributor address; City; State; Zip Code _____ Houston, TX 77031	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/4 Report: 5/11	
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission file) 00000004	
4 Date 11/04/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gee, Thomas 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77031	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harris County Democrats Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77019	Amount of contribution (\$) \$716.99	In-kind contribution description (if applicable) Direct Mailer
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jefferson, Zona Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770353626	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jong, Sue Contributor address; City; State; Zip Code [REDACTED] Bellaire, TX 774014210	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/02/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Peters, Brenda Contributor address; City; State; Zip Code [REDACTED] Houston, TX 770047604	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 4/4 Report: 6/11

2 FILER NAME Lee, Mark (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

11/04/2005

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Snyder, Robert

6 Contributor address; City; State; Zip Code

Spring, TX 773795536

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

11/02/2005

Full name of contributor ☐ out-of-state PAC(ID# _____)
Westendarp, Robert

Contributor address; City; State; Zip Code

Houston, TX 77098

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/5 Report: 7/11

2 FILER NAME Lee, Mark (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000004

4 Date

11/01/2005

5 Payee name
Authorize.net**6 Payee address; City; State; Zip Code**
915 South 500 East Suite 200
American Fork, UT 84003**7 Amount**
(\$)

\$20.70

8 Purpose of payment (See instructions regarding type of information required.)
Online Contribution Charges**9 ** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:**Date**

10/30/2005

Payee name
Braeswood Democrats**Payee address; City; State; Zip Code**
4046 Drummond
Houston, TX 77025**Amount**
(\$)

\$30.00

Purpose of payment (See instructions regarding type of information required.)
Sponsorships**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:**Date**

10/30/2005

Payee name
Campaign Strategies**Payee address; City; State; Zip Code**
916 Fugate
Houston, TX 77009**Amount**
(\$)

\$5,130.15

Purpose of payment (See instructions regarding type of information required.)
Printing**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:**Date**

10/30/2005

Payee name
Campaign Strategies**Payee address; City; State; Zip Code**
916 Fugate
Houston, TX 77009**Amount**
(\$)

\$1,131.21

Purpose of payment (See instructions regarding type of information required.)
Printing**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 8/11
2 FILER NAME Lee, Mark (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date 11/04/2005	5 Payee name First National Bank of Omaha 6 Payee address; City; State; Zip Code 1620 Dodge Street Omaha, NE 68197	7 Amount (\$) \$45.75
8 Purpose of payment (See instructions regarding type of information required.) Online Contribution Charges		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 12/05/2005	Payee name First National Bank of Omaha Payee address; City; State; Zip Code 1620 Dodge Street Omaha, NE 68197	Amount (\$) \$45.35
Purpose of payment (See instructions regarding type of information required.) Bank Service Charges		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2005	Payee name Jewish Herald Voice Payee address; City; State; Zip Code 3403 Audley Houston, TX 77098	Amount (\$) \$390.00
Purpose of payment (See instructions regarding type of information required.) Advertising		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:
Date 10/30/2005	Payee name Kwik-Kopy Printing Payee address; City; State; Zip Code 6401 Woodway Dr # 175 Houston, TX 77057	Amount (\$) \$259.80
Purpose of payment (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/5 Report: 9/11

2 FILER NAME Lee, Mark (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

00000004

4 Date**5 Payee name**

Lee, Mark

7**Amount**

(\$)

12/27/2005

6 Payee address; City; State; Zip Code5411 Queensloch
Houston, TX 77096

\$5,000.00

8 Purpose of payment (See instructions regarding type of information required.)

Repayment of Loan

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name:

Office sought:

Office held:

Date**Payee name**

Lone Star Strategies

Amount

(\$)

11/03/2005

Payee address; City; State; Zip Code7670 Woodway, Suite 110
Houston, TX 77063

\$4,215.75

Purpose of payment (See instructions regarding type of information required.)

Fundraising & Compliance

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name:

Office sought:

Office held:

Date**Payee name**

Loper, Karen

Amount

(\$)

11/15/2005

Payee address; City; State; Zip Code12823 Corona Ln
Houston, TX 77072

\$1,500.00

Purpose of payment (See instructions regarding type of information required.)

Consulting

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name:

Office sought:

Office held:

Date**Payee name**

Lopez, Alfred

Amount

(\$)

11/11/2005

Payee address; City; State; Zip Code5527 Hummingbird St
Houston, TX 77096

\$510.00

Purpose of payment (See instructions regarding type of information required.)

Contract Labor

**** Complete if direct expenditure to benefit C/OH ****

Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/5 Report: 10/11**2** FILER NAME Lee, Mark (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000004

4 Date 11/08/2005	5 Payee name Monarch Printing 6 Payee address; City; State; Zip Code 6605 McGrew St # B Houston, TX 77087	7 Amount (\$) \$141.21
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8 Purpose of payment (See instructions regarding type of information required.)
Printing**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date 12/21/2005	Payee name Monarch Printing Payee address; City; State; Zip Code 6605 McGrew St # B Houston, TX 77087	Amount (\$) \$450.87
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Purpose of payment (See instructions regarding type of information required.)
Printing** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date 11/08/2005	Payee name Paige, Ray Payee address; City; State; Zip Code 2413 Blodgett St Houston, TX 77004	Amount (\$) \$2,500.00
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Purpose of payment (See instructions regarding type of information required.)
Contract Labor** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date 10/30/2005	Payee name Sprint Digital Print Payee address; City; State; Zip Code 10100 Clay Rd # C Houston, TX 77080	Amount (\$) \$162.38
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Purpose of payment (See instructions regarding type of information required.)
Printing** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/5 Report: 11/11**2** FILER NAME Lee, Mark (Mr.)**3** ACCOUNT # (Ethics Commission filers)
00000004

4 Date	5 Payee name	7 Amount (\$)
12/13/2005	U S Postmaster 6 Payee address; City; State; Zip Code 2950 Unity Dr Houston, TX 77057	\$185.00

8 Purpose of payment (See instructions regarding type of information required.)
Postage**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
11/02/2005	Wall, Lyn Payee address; City; State; Zip Code 800 Country Place #302 Houston, TX 77079	\$300.00

Purpose of payment (See instructions regarding type of information required.)
Web and Internet**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
11/02/2005	Young, Dee Payee address; City; State; Zip Code 7606 Cypress Dr Houston, TX 77396	\$250.00

Purpose of payment (See instructions regarding type of information required.)
Contract Labor**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held:

Date	Payee name	Amount (\$)
11/03/2005	Young, Dee Payee address; City; State; Zip Code 7606 Cypress Dr Houston, TX 77396	\$400.00

Purpose of payment (See instructions regarding type of information required.)
Contract Labor**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name:Office sought:
Office held: